



(certolizumab pegol)

CIMZIA infusion orders

Patient Name _____

DOB _____

Phone _____

M

F

DIAGNOSIS *Please provide ICD-10 code*

Rheumatoid Arthritis

Psoriatic Arthritis

Crohn's Disease

Ankylosing Spondylitis

(other)

PRE-MEDICATION

Tylenol 1000mg PO

Solu-Medrol 125mg IVP

Diphenhydramine 25mg PO

Solu-Cortef 100mg IVP

Cetirizine 10mg PO

Diphenhydramine 25mg IVP

(other)

(other)

CIMZIA ORDERS

DOSAGE/FREQUENCY	PATIENT WEIGHT
400mg SQ initially and at Weeks 2 and 4 (<i>induction</i>)	lbs.
200mg SQ every 2 weeks	kg
400mg SQ every 4 weeks (<i>maintenance</i>)	
TB TESTING	
Perform Quantiferon Gold (QFT Gold)	
Perform PPD Skin Test	

NOTES

ORDERING PROVIDER

Signature X _____

Date _____

Provider _____

Phone _____

Fax _____